



Transit-Accessible Locations for
Health and Social Services

Outreach Findings Executive Summary

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The goal of MTC's Transit-Accessible Locations for Health and Social Services Project is to assess the transit accessibility of social service and health facilities in urban/suburban areas of Alameda and Contra Costa counties and recommend ways to improve coordination between public transit operations and decisions about where these essential services are located. However, findings will apply to many communities in MTC's planning area.

This executive summary provides a synthesis of key outreach findings from Technical Advisory Committee (TAC) meetings, telephone interviews, and in-person focus groups conducted for the study. Outreach participants included elected officials; real estate and development professionals; land use and transportation planners; transportation service providers; social service providers; public health professionals; and community-based organizations.

Key outreach findings, as presented in the sections below, help to shed light on the following:

1. The different meanings assigned to the term "transit accessibility" and the relative importance of transit accessibility in decision-making processes
2. The factors that most directly influence the location decisions of health care and social service agencies
3. The key challenges and obstacles to strengthening transit access to health and social services facilities
4. Recommended solutions to improve the transit accessibility of health care and social services facilities.

1. Transit Accessibility and Health and Social Services

Many stakeholders voiced particular concern with providing adequate access for populations that are both transit-dependent and that frequently utilize health and social services, including low-income families and individuals, members of the disabled community, and the growing senior population. A lack of transit access for employees of health care and social service providers was also identified as a problem.

Stakeholders noted a number of factors that play a part in determining the relative transit access of a facility, including:

- The hours of operation and frequency of transit service
- The specific geography of a transit route
- Community and pedestrian safety and ease of access
- The need for multiple transfers and the time required to arrive at a destination
- The proximity of services to transit stops, where customers live and work, and to complementary health and social services
- The cost of transit service
- The availability of alternate modes of travel, including trains, buses, shuttles and paratransit services, as well as adequate pedestrian and bicycle access
- The adequacy of the surrounding environment in providing equitable physical access to existing transit stops and stations, such as existing sidewalks, elevators, benches and bus shelters
- Site design and ADA accessibility.

While identified as important, stakeholders suggested that transit access is only one element of improving access to essential services. Other factors include the geographic proximity of facilities to the communities they serve, and the physical accessibility of transit stops, service locations and paths of travel for all service customers.

2. Policies and Factors that Influence Decision-Making Processes

Stakeholders affirm that health care and social services are provided by a diverse range of agencies and organizations, and that different services and types of organizations must often act under different influences and constraints to make location decisions. Outreach participants identified the following factors as those with the most direct influence on the location decisions of health care and social services agencies:

- **Physical site and infrastructure requirements**, including size of the site, existing mechanical, plumbing and technology systems, and the extent to which facilities can be converted to desired uses.
- **Process requirements and professional expertise**. These include grant-driven development deadlines and the knowledge and variety of skill sets required to develop and manage a successful multi-service center.
- **Cost and availability of land to locate in transit-rich areas**. The availability of land in an ideal location and at an affordable price can constitute a significant constraint.
- **Community demand for services**. Where clientele live and the relative location of complementary and similar or duplicative services can have a significant influence on location decisions.

- **Competing access priorities**, including providing convenient access to and from freeways and major roads, sufficient parking, facility visibility, and opportunities to create visible signage.
- **Community relationships and organization credibility.** Organization credibility, transparency and a willingness to involve neighbors in planning processes are important to successfully build, expand or re-locate in a given community.

3. *Challenges and Obstacles to Improving Decision-Making*

Stakeholders identified the following key challenges and obstacles to strengthening transit access to health and social services:

- **Many existing facilities are well-established** in their current locations, and **the availability of land** to develop new facilities — especially large facilities — in transit-accessible locations is relatively limited.
- When choosing a location, **changing transit service** makes it difficult to prioritize transit accessibility, particularly for service providers that plan for the development of facilities years in advance.
- Providers with a desire to locate or develop facilities in urban infill locations, former industrial areas, and/or on contaminated sites with good transit access may confront some of the many social, political, legal, regulatory and financial **redevelopment challenges**.
- **NIMBYism** and neighborhood opposition to land use decisions, organizations, and/or clientele that they perceive to negatively impact the community can impede or derail location decisions.
- The preference that building owners, leasing agents, and transit providers give to **serving traditional office, retail and commercial uses** can also be a barrier.
- Physical improvements to enhance ease of access for transit riders may at times be hindered by **original site design** and the limited physical capacity of a site or facility to accommodate needed modifications.

4. *Solutions to Strengthen Transit Access to Services*

Stakeholders identified a number of potential strategies and solutions that have the potential to strengthen transit access to health and social services. Suggestions include solutions for the built environment and suggestions to improve policy and planning processes.

- **Establish neighborhood-serving clinics and centers** to improve access for multiple modes of travel, including pedestrian, bicycle and automobile access.
- **Continue to co-locate and cluster services** in transit-accessible geographic locations.

- **Pursue infill and re-use opportunities** in transit-rich neighborhoods and corridors and build political and community support for establishing new community-serving uses in areas with redevelopment potential.
- **Strengthen local review processes** by establishing policy mechanisms that include transit accessibility as an important criterion. Potential mechanisms include requests for proposals for real estate and social service provision, environmental review protocol, development requirements and incentives, and criteria for grant funding.
- **Establish development mitigation fees or development requirements** so that larger facilities are responsible for subsidizing the cost of transit operations or providing transit connections if they are not located in transit-rich environments.
- **Participate in existing incentive programs** that encourage customers and staff to use transit and/or subsidize the cost of transit service for customers in greatest need.
- **Improve collaboration** among transit service providers, health and social services, public health officials, and local review and policy entities.